

**ROCKINGHAM COUNTY
DEPARTMENT OF PUBLIC WORKS
20 East Gay Street
Harrisonburg, Virginia 22802
(540) 564-3020 Fax: (540) 564-3048**

APPLICATION FOR NEW METER CONNECTION

Date _____

I (we) _____ hereby make application for water ____ and / or ____ sewer service for a residential / commercial (**circle one**) to the premises located at _____ zip code _____ **AND** Section _____ Lot _____ in _____ Subdivision.
(Must have complete street address)

Is this a new home? _____ or _____ (notify for cross-connection inspection)
Yes no

Residential _____

Commercial _____ (if so, what size meter will you be installing?) _____

I (we) understand that connections made are to be in conformance with existing policies and ordinances of the Rockingham County and agree to pay for service(s) at the rates and fees established by and as may be revised by the Rockingham County Board of Supervisors. I (e) further understand that service(s) may be discontinued in the event bills are not paid when due.

_____ Telephone
Office

_____ Telephone
Cell

Applicant Mailing address:

_____ Social Security # / Fed. I.D. #

_____ Signature of Owner / Applicant / Contractor



Locked Meter



Unlocked Meter

There is a \$25.00 fee for any meters requesting to be locked.

ANY DAMAGE INCURRED TO METER DURING CONSTRUCTION WILL BE CHARGED TO THE APPLICANT.
SERVICE WILL BE TERMINATED UNTIL BILL IS PAID.

A copy of your drivers license and / or social security card is required for service.

(For Office Use)

Water Service Area _____

Connection Fee _____ \$3,275
Subdivision & non-subdivision

Sewer Service Area _____

Connection Fee _____ \$5,925
Subdivision non-subdivision

Date of Service _____

Meter Number _____ Read = _____

Cash _____ Check # _____ Receipt _____

Book # _____ Page # _____ Work Order # _____

Customer # _____

City Account # _____

Received by _____